

## HOWARD COMMUNITY COLLEGE Registration

**Social Security Number (Last 4 only)**

X	X	X	X
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**HCC Identification Number**

OR

**Name- Last**

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**First**

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**Home Address (Check here if new address ☐)**

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*No. and Street*

*City*

*State*

*Zip*

**County**

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**Date of Birth (optional)**

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**Gender**

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☐ I am over 16 years of age.

**Ethnic Origin: Please check box**

☐ Asian

☐ Native American

☐ White

☐ African American

☐ Hispanic

☐ Other Pacific  
Islander

**Home Phone**

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*area code*

**Business Phone**

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*area code*

**E-Mail Address:** \_\_\_\_\_ **Company/Organization/Agency:** \_\_\_\_\_

Synonym No.	Course No.	Section No.	Title	
6084	XB 108	S8783	5/6/09 – Howard Community College, BTC – 6751 Columbia Gateway Drive, Columbia, MD 21046 8:00 a.m. – 5:00 p.m.	\$ 25.00

**MUST BE SIGNED AND DATED TO BE OFFICIAL.** I certify the above information to be true and correct to the best of my knowledge. I understand that it is my responsibility to notify the Records Office of any changes in the information contained in this application. I authorize the release of attendance records and registration information to **Baltimore Gas & Electric or credentialing agencies as required.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**THE REGISTRATION FORM MUST BE RECEIVED NO LATER THAN 04/29/09**

**Fax-in with credit card info to:** Catalina Ruiz-Rojas Fax No: 410-772-4333

**Mail-in with check to:** Howard Community College  
10901 Little Patuxent Parkway, Columbia, MD 21044-3197  
ATTN: Lock Box Cashier, RCF 220

Method of Payment: \_\_\_\_\_ Credit Card: \_\_\_\_\_ Purchase Order \_\_\_\_\_ Check \_\_\_\_\_  
Amount Enclosed: \_\_\_\_\_ **Credit Card:** (Circle One) Master Card VISA AMEX

Card No. \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Cardholder's Name \_\_\_\_\_  
Cardholder's Signature \_\_\_\_\_